



May 31, 2004

United States Patent and Trademark Offices
Commissioner for Patents
P.O. Box 1450
Alexandria, va. 22313-1450

Dear Commissioner,

I have a patent pending Appl no. 10/627,462. I became 65 years old on May 12, 2004 and would like my application consideration moved up to be reviewed as soon as possible.

Thank you for any help you can give me. A copy of my birth record, drivers license and Medicre card is enclosed.

Sincerely,


A handwritten signature in cursive script that reads "Marlene Ann Sexson".



Marlene Ann Sexson
236 Mc Kee Rd.
Felton, California, 95018


BEST AVAILABLE COPY



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MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY MARLENE A SEXSON	
MEDICARE CLAIM NUMBER 314-36-2825-A	SEX FEMALE
IS ENTITLED TO HOSPITAL (PART A)	EFFECTIVE DATE 05-01-2004
MEDICAL (PART B)	05-01-2004
SIGN HERE 	

CALIFORNIA	
DRIVER LICENSE	
EXPIRES 05-12-05	CLASS: C
	P0715246
MARLENE ANN SEXSON 236 MCKEE RD FELTON CA 95018	
SEX: F	HAIR: BRN
HT: 5-08	WT: 168
EYES: GRN	
DOB: 05-12-3	
RSTR: CORR LENS	
	
05/05/2000 SS0 18 FD/05	

Record of Birth			
St. Joseph County Health Department SOUTH BEND, INDIANA			
This Certifies, that according to the records of the St. Joseph County Health Department			
Name		MARLENE SOKOL	
Was born in St. Joseph County, Indiana, on		May 12, 1939	
Child of		Elmer and Mollie Sokol	
Birthplace of father		Ohio	Birthplace of mother
			Indiana
Certificate No.	608	Reel No.	Pg. 306
		Filed	May, 1939
SEAL		Signed 	
		County Health Officer	
		South Bend, Indiana	
		1-29-77	
		Date	

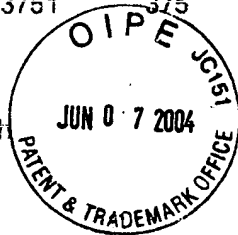


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APPL NO.	FILING OR 371 (a) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/627,462	07/25/2003	3751	375	SXS-031	7	18	1

Lorrain Hirsch, Esq.
Law Offices of Lorraine Hirsch
17491 Hicks Road
Lo Gatos, CA 95032



CONFIRMATION NO. 3243

FILING RECEIPT



00000000011091972

Date Mailed: 10/23/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Marlene Ann Sexson, Feiton, CA:

Assignment For Published Patent Application

Shanti Gallery:

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 10/23/2003

Projected Publication Date: 01/27/2005

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Folding, disposable toothbrush

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